

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)Website: <http://www.honolulu.gov/ethics/>

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HONOLULU  
ETHICS COMMISSION  
RECEIVEDJAN 27 2020  
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PR 2019

**2020 REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Slovin, Gary M.		
LOBBYIST FIRM/EMPLOYER (if applicable) SanHi Government Strategies		TELEPHONE 808-539-0400
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1400		FAX 808-599-1506
		EMAIL gslovin@awlaw.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Alliance for Automotive Innovation fka Alliance of Automobile Manufacturers		TELEPHONE 202-326-5500
MAILING ADDRESS (No. and Street or P.O. Box) 803 7th Street, NW, Suite 300		FAX
		EMAIL
(City) Washington	(State) DC	(Zip Code) 20001
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

<b>PART II.B NO LONGER LOBBYING</b>	
<input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 1/14/20

**PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

**PART IV LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.

*[Signature]*  
LOBBYIST SIGNATURE

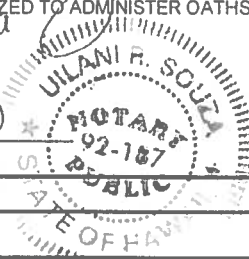
11/15/2020  
DATE

Subscribed and sworn to before me

This 14th day of January, 2020.

By: *[Signature]*  
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Uilani R. Souza  
My commission expires:  
March 24, 2020

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O Box)		FAX	
		EMAIL	
(City)	(State)	(Zip Code)	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>			
(Signature of Authorizing Officer or Person Represented)		(Date)	